

Chrome Cobalt Lab Ticket

MHRA 2949

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 Dental Laboratories Association
Registered Member



LECA
an ALS company

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BARCODE - LECA OFFICE USE ONLY	DATE REQ'D
	NHS
	PRIVATE

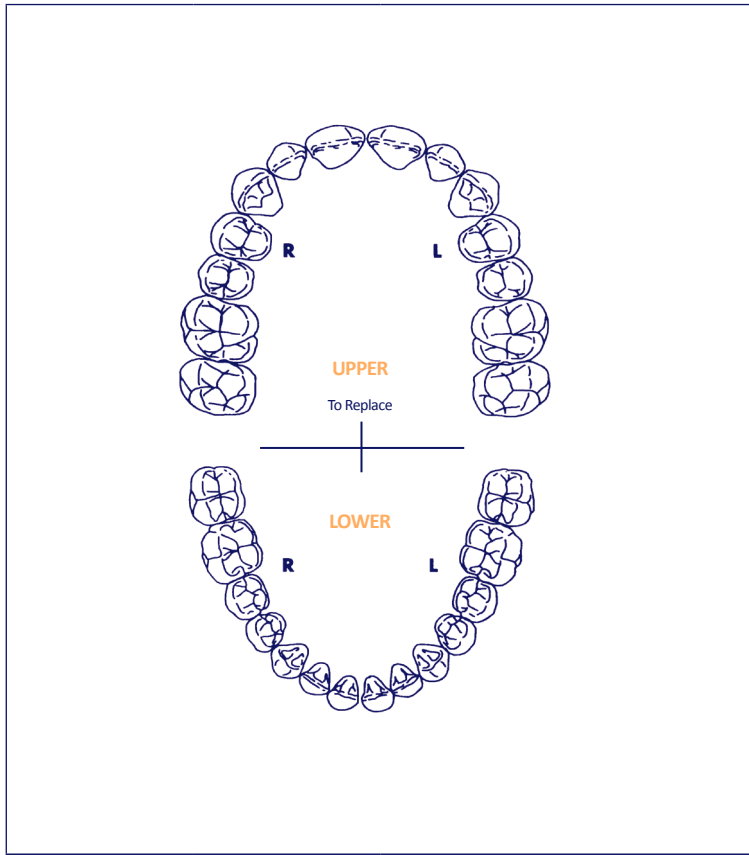
DENTIST:

Surgery:

Tel:

PATIENT NAME/ ID:

Age: Male Female



INSTRUCTION REQUIREMENTS	Delivery Date
Special Trays U <input type="checkbox"/> L <input type="checkbox"/>	
Bites U <input type="checkbox"/> L <input type="checkbox"/>	
Try-In <input type="checkbox"/>	
Re-Try <input type="checkbox"/>	
Finish <input type="checkbox"/>	

Finish with:
Hi-Impact U L Gum Staining U L Clear Palate U L

MATERIALS PROVIDED	
UPPER	LOWER
<input type="checkbox"/> FULL PLATE	<input type="checkbox"/> FULL PLATE
<input type="checkbox"/> HORSE SHOE PLATE	<input type="checkbox"/> PLATE
<input type="checkbox"/> PALATAL BAR	<input type="checkbox"/> DENTAL BAR
<input type="checkbox"/> HORSE SHOE (GINGIVAL FREE)	<input type="checkbox"/> LINGUAL BAR
<input type="checkbox"/> HORSE SHOE (GINGIVAL COVERED)	<input type="checkbox"/> LINGUAL BAR (CON'T CLASPS)
<input type="checkbox"/> DOUBLE BAR (GINGIVAL FREE)	<input type="checkbox"/> SIDE PLATE

ENCLOSURE (PLEASE TICK)

UPPER MODEL LOWER MODEL BITE BLOCK

INVOICE PRODUCT CODES	

SPECIAL INSTRUCTIONS
PLEASE SCORE OUT OLD INSTRUCTIONS AS JOB PROGRESSES

EXPRESS SERVICE REQUIRED YES NO

FOR LABORATORY USE ONLY - QUALITY CONTROL							
DATE	Approved for Manufacture by GDC Technician						